In re	Shanail Coreen Snopov	
Casa N	Debtor(s)	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
Case I		(Check one box as directed in Part 1, 111, or v1 of this statement):
	(If known)	☐ The presumption arises.
		■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by \$707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	<b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	<ul> <li>b. □ I am performing homeland defense activity for a period of at least 90 days /or/</li> <li>□ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>

		Part II. CALCULATION OF M	ON	THLY INCO	M	E FOR § 707(b)(7	7) E	XCLUSION	,
	Mari	tal/filing status. Check the box that applies a	nd c	complete the balance	ce (	of this part of this state	ment	as directed.	
	a.								
2	r F	Married, not filing jointly, with declaration of My spouse and I are legally separated under courpose of evading the requirements of § 707 for Lines 3-11.	appl	icable non-bankrup	ptc	y law or my spouse an	d I ar	e living apart o	ther than for the
	(	Married, not filing jointly, without the decla "Debtor's Income") and Column B ("Spou	se's	Income") for Line	es	3-11.			
		Married, filing jointly. <b>Complete both Colu</b> gures must reflect average monthly income re							
	calend the fil	dar months prior to filing the bankruptcy case ing. If the amount of monthly income varied onth total by six, and enter the result on the a	, en dur	ding on the last day ing the six months,	y o	f the month before		Column A  Debtor's Income	Column B Spouse's Income
3	Gross	s wages, salary, tips, bonuses, overtime, con	nmi	ssions.			\$	607.17	\$
	Incon	ne from the operation of a business, profess	ion	or farm. Subtract	Li	ne b from Line a and			
4	enter busine not er	the difference in the appropriate column(s) of ess, profession or farm, enter aggregate numb atter a number less than zero. Do not include to as a deduction in Part V.	Lin	ne 4. If you operate and provide details part of the busine	e n	nore than one of an attachment. Do expenses entered on			
		I a	Ф	Debtor	Ф	Spouse			
	a. b.	Gross receipts Ordinary and necessary business expenses	\$	0.00					
	c.	Business income		btract Line b from 1		ne a	\$	0.00	\$
		and other real property income. Subtract L					Ψ	0.00	Ψ
		oppropriate column(s) of Line 5. Do not enter a							
		of the operating expenses entered on Line b							
5				Debtor		Spouse			
	a.	Gross receipts	\$	0.00					
	b.	Ordinary and necessary operating expenses	\$	0.00					
	c.	Rent and other real property income	Su	btract Line b from l	Li	ne a	\$	0.00	\$
6	Inter	est, dividends, and royalties.					\$	0.00	\$
7	Pensi	on and retirement income.					\$	0.00	\$
8	exper purpo spous	amounts paid by another person or entity, on uses of the debtor or the debtor's dependent use. Do not include alimony or separate mainting if Column B is completed. Each regular payment is listed in Column A, do not report the	s, ir ena yme	ncluding child support or an enterprise or an enterprise or and the should be report	po no ted	rt paid for that unts paid by your in only one column;	\$	0.00	\$
9	Howe benefind or B,	<b>aployment compensation.</b> Enter the amount in ever, if you contend that unemployment compute under the Social Security Act, do not list the but instead state the amount in the space belo	ensa e an	ation received by yo	ou	or your spouse was a			
		mployment compensation claimed to benefit under the Social Security Act Debtor	\$	<b>0.00</b> Spo	ou	se \$	\$	411.00	\$
10	Debtor Spouse								
	a. b.		\$		\$				
		and auton an Line 10	Ф		\$		φ.	2.22	¢.
		and enter on Line 10					\$	0.00	2
	Cubto	otal of Current Monthly Income for § 707(b	(7)	. Add Lines 3 thru	10	in Column A and if	1		

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		1,018.17			
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	12,218.04			
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)					
14 (	a. Enter debtor's state of residence: WA b. Enter debtor's household size: 1	\$	52,724.00			
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.	•				
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.					
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.					

## Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)					
	Part IV. CALCULA	ATION OF CURRE	ENT MONTHLY INCO	ME FOR § 707(b)(	2)	
16	Enter the amount from Line 12.				\$	
17	Marital adjustment. If you checke Column B that was NOT paid on a dependents. Specify in the lines bel spouse's tax liability or the spouse's amount of income devoted to each not check box at Line 2.c, enter zer	regular basis for the hous ow the basis for excludin support of persons other ourpose. If necessary, list	sehold expenses of the debtor on the Column B income (such than the debtor or the debtor's	r the debtor's as payment of the dependents) and the		
	a. b. c. d. Total and enter on Line 17		\$ \$ \$		\$	
18	Current monthly income for § 70	<b>7(b)(2).</b> Subtract Line 17	7 from Line 16 and enter the res	sult.	\$	
	Part V. C.	ALCULATION OF	F DEDUCTIONS FROM	INCOME		
	Subpart A: De	luctions under Stand	lards of the Internal Reven	ue Service (IRS)		
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$	
19B	National Standards: health care. Out-of-Pocket Health Care for pers Out-of-Pocket Health Care for pers www.usdoj.gov/ust/ or from the cle who are under 65 years of age, and older. (The applicable number of pe be allowed as exemptions on your f you support.) Multiply Line a1 by I Line c1. Multiply Line a2 by Line t c2. Add Lines c1 and c2 to obtain a	nal Standards for ble at able number of persons are 65 years of age or by that would currently and dependents whom and enter the result in all enter the result in Line b.				
	Persons under 65 year a1. Allowance per person	s of age a2.	Persons 65 years of ag  Allowance per person	e or older		
	b1. Number of persons	b2.	. Number of persons			
	c1. Subtotal	c2.		IDG II · ·	\$	
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of					
	any additional dependents whom ye	ou support.			\$	

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your fed any additional dependents whom you support); enter on Line b the tot debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero.				
	<ul><li>a. IRS Housing and Utilities Standards; mortgage/rental expense</li><li>b. Average Monthly Payment for any debts secured by your</li></ul>	\$			
	home, if any, as stated in Line 42	\$			
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$		
21	<b>Local Standards: housing and utilities; adjustment.</b> If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	led under the IRS Housing and Utilities	\$		
	Local Standards: transportation; vehicle operation/public transport	rtation expense	Ψ		
	You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expens	f whether you pay the expenses of operating a			
22A	included as a contribution to your household expenses in Line 8.	es of for which the operating expenses are			
	$\square$ 0 $\square$ 1 $\square$ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amou	unt from IDS I goal Standards			
	Transportation. If you checked 1 or 2 or more, enter on Line 22A the	'Operating Costs" amount from IRS Local			
	Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ of the control of t	\$			
22B	<b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)				
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)				
	□ 1 □ 2 or more.	TROLL IO. I I T			
23	(available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Lin	below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average ents for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter			
	the result in Line 23. <b>Do not enter an amount less than zero.</b> a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle				
	b. 1, as stated in Line 42 c. Net ownership/lease expense for Vehicle 1	\$ Subtract Line b from Line a.	\$		
	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23.		-		
24	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Lin the result in Line 24. <b>Do not enter an amount less than zero.</b>				
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
25	<b>Other Necessary Expenses: taxes.</b> Enter the total average monthly extate and local taxes, other than real estate and sales taxes, such as inconsecurity taxes, and Medicare taxes. <b>Do not include real estate or sale</b>	ome taxes, self employment taxes, social	\$		

26	Other Necessary Expenses: involuntary deductions for deductions that are required for your employment, such a Do not include discretionary amounts, such as volunta	as retirement contributions, union dues, and uniform costs.	\$		
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.				
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the total a childcare - such as baby-sitting, day care, nursery and pre		\$		
31	Other Necessary Expenses: health care. Enter the total health care that is required for the health and welfare of y insurance or paid by a health savings account, and that is include payments for health insurance or health saving	ourself or your dependents, that is not reimbursed by in excess of the amount entered in Line 19B. <b>Do not</b>	\$		
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.				
33	Total Expenses Allowed under IRS Standards. Enter t	the total of Lines 19 through 32.	\$		
	Note: Do not include any experimental Health Insurance, Disability Insurance, and Health Sa the categories set out in lines a-c below that are reasonable dependents.				
34	a. Health Insurance	\$			
l	b. Disability Insurance	\$			
	c. Health Savings Account	\$	\$		
	Total and enter on Line 34.				
	If you do not actually expend this total amount, state y below:  \$	our actual total average monthly expenditures in the space			
35	Continued contributions to the care of household or far expenses that you will continue to pay for the reasonable ill, or disabled member of your household or member of expenses.	and necessary care and support of an elderly, chronically	\$		
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local				
38	Education expenses for dependent children less than 1 actually incur, not to exceed \$156.25* per child, for attensichable school by your dependent children less than 18 years of a documentation of your actual expenses, and you must necessary and not already accounted for in the IRS Sta	dance at a private or public elementary or secondary age. You must provide your case trustee with explain why the amount claimed is reasonable and	\$		
	1		1		

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
40			Enter the amount that you will conting ganization as defined in 26 U.S.C. § 1			e form of cash or	\$
41	Tota	Additional Expense Deduction	s under § 707(b). Enter the total of L	Lines 34	through 40		\$
		S	ubpart C: Deductions for De	bt Pay	ment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt	Aver	rage Monthly Payment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
				Tota	al: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.    Name of Creditor				n may include in on to the d include any such amounts in		
	a.				To	otal: Add Lines	\$
44	prior		ims. Enter the total amount, divided b claims, for which you were liable at t as those set out in Line 28.				\$
			If you are eligible to file a case under the amount in line b, and enter the res				
45	a. Projected average monthly chapter 13 plan payment.  b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  c. Average monthly administrative expense of chapter 13 case  Total: Multiply Lines a and b				\$		
46	Tota	Deductions for Debt Payment.	Enter the total of Lines 42 through 45	5.			\$
		Sı	ibpart D: Total Deductions f	rom Iı	ncome		
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.					\$	
		Part VI. DE	TERMINATION OF § 707(b	o)(2) P	RESUMP	ΓΙΟΝ	
48	Ente	r the amount from Line 18 (Cur	rent monthly income for § 707(b)(2)	))			\$
49	Ente	r the amount from Line 47 (Tota	al of all deductions allowed under §	707(b)(	2))		\$
50	Mon	thly disposable income under § '	<b>707(b)(2).</b> Subtract Line 49 from Line	e 48 and	enter the resu	lt.	\$
51	60-m	· · · · · · · · · · · · · · · · · · ·	<b>707(b)(2).</b> Multiply the amount in Li	ine 50 by	y the number (	50 and enter the	\$

	<b>Initial presumption determination.</b> Check the applicable box and proceed as directed.					
52	☐ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
32	☐ The amount set forth on Line 51 is more than \$1 statement, and complete the verification in Part VIII.	2,475* Check the box for "The You may also complete Part"	he presumption arises" at the top VII. Do not complete the remaind	of page 1 of this ler of Part VI.		
	☐ The amount on Line 51 is at least \$7,475*, but n	ot more than \$12,475*. Com	nplete the remainder of Part VI (L	ines 53 through 55).		
53	Enter the amount of your total non-priority unsecu	red debt		\$		
54	Threshold debt payment amount. Multiply the amou	ant in Line 53 by the number	0.25 and enter the result.	\$		
	Secondary presumption determination. Check the a	pplicable box and proceed as	directed.			
55	of this statement, and complete the verification in Par	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.				
		The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top tage 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.				
	Part VII. ADD	ITIONAL EXPENSE (	CLAIMS			
56	you and your family and that you contend should be a	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.				
	Expense Description		Monthly Amou	nt		
	a.		\$			
	b.		\$			
	c.		\$			
	d.		\$			
	Total: A	Add Lines a, b, c, and d	\$			
	Part V	III. VERIFICATION				
	I declare under penalty of perjury that the information must sign.)	provided in this statement is	true and correct. (If this is a join	t case, both debtors		
57	Date: <b>June 18, 2013</b>	Signature	: /s/ Shanail Coreen Snopo	v		
31	Shanail Coreen Snopov					
			(Debtor)			
			, ,			

<sup>\*</sup> Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.